

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : A.A.ALI, CPA
Account Number : 120000000192
Phone : (407) 298-3900
Fax Number : (407) 298-0660

FLORIDA PROFIT CORPORATION OR P.A.

TWELLS CONSULTING, INC.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION
of
TWELLS CONSULTING, INC.

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

TWELLS CONSULTING, INC.
12719 FORESTEDGE CIRCLE, ORLANDO, FL 32828

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 1000 shares of (One) Dollar(s) (\$1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the Initial Registered Agents of this Corporation is:

Name: CLEMENTINE DENISE WELLS

Address: 12719 FORESTEDGE CIRCLE

City: ORLANDO FL 32828

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TALLAHASSEE, FLORIDA

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ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1)director initially. The number of directors may be either increased or diminished from time to time by the By-laws, but shall never be less than one (1). The name and address of the initial director(s) of the corporation are as follows:

Name: CLEMENTINE DENISE WELLS, President
Address: 12719 FORESTEDGE CIRCLE
City: ORLANDO FL 32828

ARTICLE VII - INCORPORATORS

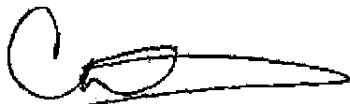
The name and address of the person(s) signing these articles of Incorporation are as follows:

Name: CLEMENTINE DENISE WELLS
Address: 12719 FORESTEDGE CIRCLE
City: ORLANDO FL 32828

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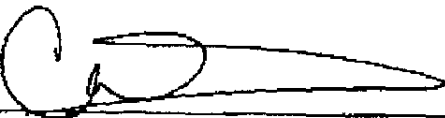
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



CLEMENTINE DENISE WELLS /Registered Agent

2/28/03

Date



CLEMENTINE DENISE WELLS /Incorporator

2/28/03

Date

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